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ANNUAL REPORT OF THE EXECUTIVE SECRETARY

ILLINOIS SOCIETY FOR PREVENTION OF BLINDNESS

November 23, 1936.

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In the lower right hand drawer of my desk at the Illinois Society, there is a folder marked "Annual Meeting," and into it, day by day throughout the year, are dropped scraps of information, reports, statistics and stories that reflect our work.

At the end of 365 busy, happy, exciting, frustrating or discouraging days, for any good organization experiences the whole gamut of them in a year, that folder looks like a last year's bird's nest.

On the 366th day it is my job to take that hopeless looking bunch of scraps and break it up and boil it down into something that will capture on paper, not just figures but our anxiety when we have raced in the teeth of a high March wind to an ophthalmia case 70 miles away, our exhaustion when we have treated 100 trachoma patients in a morning with the temperature at 104 -- our elation the day a sight-saving class is opened in a downstate community in early autumn.

This past year we gave direct service to 172 towns and cities in Illinois, on a budget of only $19,000.00 and with a staff of but 6 people, to cover the 56,000 square miles of this state.

This may sound like a miracle but it can be explained in several ways.

One explanation is a Board of Directors who are never too busy to direct and an Advisory Council who really advise.

Another explanation is a staff who are so devoted to their work that the do twice as much work as ordinary people and with no thought of thanks.

Another explanation is the Membership of the Illinois Society -- a strong, steadfast inner group of people set apart by qualities of imagination, love of humanity and responsiveness to a noble impulse.

Still another explanation may be found in the federal budget; in the state budget; in the county budgets and in the budgets of many cities who, because of our influence, have broadened the base for Prevention of Blindness in this state by including our work in their programs.

This last year we had 200 more members than we have ever had before, our total membership being 2020. 761 of these contributors were from downstate, thanks to the work of our new Advisory Council. When we think that up until 1933 all the financing for our Society was done in Chicago, it is heartening to note how the horizons for our support are widening.

The Ophthalmia picture, as part of our work, has changed greatly in the last three years. As recently as six short years ago the 7 beds in the

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ward of the Illinois Eye and Ear Infirmary were always full. Within the last two years that Department has been closed at the Infirmary because the demand for treatment of ophthalmia cases has dwindled so that it does not pay to keep it open. I know of no more thrilling sight than those seven empty beds.

But there is a new picture with the scene shifted to rural downstate. One windy night last March, when I was down in the trachoma field, I drove into Harrisburg at 6 o'clock and stopped in front of the post office. Before I could get out, one of the nurses from the Department of Health rushed up to the car and said she had had a long distance call from an ophthalmologist seventy miles away saying that a bad case of ophthalmia had been brought into his office that afternoon and that he wanted me to call him at once.

We went straight to a telephone booth. I got the doctor on the wire. He told me that the mother had brought the baby in from 15 miles out in the country, where it had been born two weeks before. When I asked him if he thought there was any chance of saving the sight he said that when he tried to evert the baby's lids, the eyes looked like cauliflowers. Even with such a discouraging outlook, we decided that we would take the long chance and bring the baby up to Chicago, since there were no local facilities for hourly treatment.

We called the Emergency Relief Commission and asked if they could get train transportation for the mother and baby that night to Chicago. We called the office of the Society who in turn called the Infirmary only to find that the Ophthalmia Department was closed. When the story was told to them, however, they said they would admit the baby and put a special doctor and nurse on the case.

We drove from Harrisburg to Springfield the next day to get the State Department of Health authorities busy on an investigation of the case. In less than twelve hours the mother and baby were in Chicago at the Infirmary and the baby was getting the best treatment available anywhere in this country.

The long arm of the Society saved <u>that</u> baby's eyes but another baby lost its eyes this last year -- which only demonstrates the fact that we can never rely solely on legislation. As Jane Addams once said, "Reforms to be effective must be rooted in and routed through the public consciousness" and so our program must be adjusted to a better and more effective educational level.

I suppose there are those who might say that one baby out of 113,000 is a terribly small percent in a state as big as Illinois but we feel we have a special dispensation to grieve just as much over one baby as over 10 or 100 because blindness from this cause is preventable and because blindness in a new-born baby robs it of even the memory of form or color and is a horror far worse than blindness in an adult. And so, even tho ophthalmia in Illinois has been reduced to a percent so small that it is hard to compute, as long as there are <u>any</u> casualties, we will feel it is our duty to include educational work on the subject, in our program.

It is a pleasure to report today that during this last year 7 new sight-saving classes were opened in the state of Illinois -- 4 in Chicago, 1 in Oak Park, 1 in Ottawa and 1 in Waukegan, bringing the total number of classes in Illinois up to 65. These classes were opened on money lobbied through the State Legislature by our Society. In all cases the children who were referred into the classes were

ward of the Illinois Eye and Ear Infirmary were almost full. Within the last two years that Department has been closed at the Infirmary because the demand for treatment of ophthalmia neonatorum has diminished so that it seems not pay to keep it open. I know of no more thrilling sight than those seven empty beds.

But there is a new picture with the stone unlifted to turn downstairs.

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It is a pleasure to report today that during this last year 7 new clinic service clinics were opened in the state of Illinois -- 4 in Chicago, 1 in Cook County, 1 in Ottawa and 1 in Waukegan, bringing the total number of clinics in Illinois to 65. These clinics were opened on money loaned through the State Legislature by our Society. In all these the medicines were returned into the state treasury.

discovered either by our workers or by W. P. A. workers operating under our supervision.

The problem of opening a downstate class presents a peculiarly difficult situation because most of the downstate classes draw children from several localities and therefore from varying school set-ups. The Ottawa class necessitated a survey of ten different towns plus all the rural schools of eastern La Salle County. 4,193 children were examined, of which 39 were found to have extremely low vision before refraction. Of these 39 - 17 turned out to be real sight-saving cases after the oculists had seen them.

Then the school board in Ottawa had to be approached in regard to opening the class there as most of the children came from that city and it was a transportation center.

There was trouble about getting a teacher who would take the special training and we finally had to go outside of Ottawa to get such a teacher after being placed in the delicate position of turning down several local applicants who didn't have the proper personal qualifications for the job.

Every school board in the 5 towns from which the sight-saving children came had to be approached and persuaded to pay the exchange per capita.

By the time we got around to making the home calls, 4 of the sight-saving children had moved. These were finally located through the school nurses and doctors but it was weary, dreary uphill work.

Then the question of transportation had to be met because there were no bus lines or interurbans between Seneca, Marseilles, Streator and Ottawa. It was finally decided that the Sight-Saving teacher, who lived in Seneca, would transport the children from that town and Marseilles in her car and arrangements were made for another woman to drive the children from Streator each day in her automobile.

When the children were all set for the class, there was still the selection of a room, the installation of good artificial lighting and the buying of equipment but on September first, in spite of all the set-backs which such surveys offer, seven new classes were opened in the state of Illinois.

Last Fall the Board of Education of Chicago asked our Society if we would supervise a W. P. A. project for the examination of the eyes of school children. Although we had no money for additions to the staff for such a project and we knew it would involve a back-breaking amount of work, we decided it was a chance which could not be ignored and so we consented not only to supervise the project but to help in selecting the personnel.

The project was written for 100 teachers and nurses but apparently it was very difficult for the W. P. A. to find just what we were looking for. Of the first 100 people sent over, nearly 70 were sent back as not in any way qualified and even the ones we took were totally unprepared for this kind of work. We therefore decided that, instead of starting the applicants right out on examining the eyes of school children, we would have to give them a two weeks' course in the technique of taking the visual acuities and also a slight background

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in anatomy, physiology and hygiene of the eye and diseases of the eye as they occur in school children, together with a bare outline on the technique of case work by several prominent social workers.

In an effort to stay the tide of people who go to clinics for correction and to turn a certain amount of them back to private physicians, we went to the Chicago Ophthalmological Society and asked if the doctors who were willing to take cases at their offices at two, three and five dollars would please register with us. 75 doctors made such registrations and lists of their names were put in the hands of the W. P. A. workers.

After nine months of work, the summer of which was devoted entirely to corrections, we are able to report today that 240 of the 327 elementary schools in Chicago have been finished. 127,500 visual acuity tests have been made and 22,240 children with defective vision have been discovered. Of this group - 11,000 were 2x cases and 3,652 were 3x cases, the latter group being the potential sight-saving cases for which our Society is always on the look-out.

Up to November first, 4,428 children in the groups showing serious visual defects had been refracted, which is the largest number of eye corrections Chicago has ever had within such a brief period.

2,816 more children are already on their way through clincis and doctors' offices although the final touch has not yet been given and therefore final reports on them are not yet in.

The true value of the project is shown by the fact that 134 sight-saving children were discovered which accounts for the 4 new Sight-Saving classes that have been opened this year in Chicago. Before the project is finished it will probably turn up enough more cases to fill at least 6 more Sight-Saving classes.

In many cases glasses were paid for by the Illinois Society for the Prevention of Blindness and arrangements were made for the parents to pay us back so much a week. The entirely free cases were taken care of by the Medical Division of the Illinois Emergency Relief Commission.

The results of this work cannot be measured simply by the number of Sight-Saving classes opened. Such activity in the field of conservation of vision is bound to net other results. Here is a story turned in by one of the workers who, a year ago, could not have told you what the expression "visual acuity" meant.

"While I was making a home call on South State Street, I ran into a little girl whose eye was in awful condition. I asked her where she lived and she said in the same building. I went up the back stairs and talked to her aunt. I found that Rosa went to the Sherwood School but had been absent with a bad cold and an infected eye on the day we did the survey there. I found that nothing had been done in the way of medical care for her eye. I saw from the surroundings that they were very poor and I asked the aunt if they were on relief. She told me that her husband was on W. P. A. getting $55 per month -- that there were 6 in the family -- that $55 had to cover rent, light, coal, food and clothing for all of them.

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discussed the case with them and they advised me to take the child to the Eye and Ear Infirmary. That same day I took her there and the doctors said they would have to remove the bad eye at once in order to save the sight in the other one. I got permission for the operation and it was performed the next day and she is doing fine. The aunt asked me later about a glass eye for the little girl and I made arrangements to get this through the Illinois Society." And that, my friends, is just one story!

The big excitement in the Trachoma clinics this year has been the transferral from I.E.R.C. to the W.P.A. funds. This money has been a great stimulus to the whole Trachoma project -- it has made it possible in our third year to move into three permanent headquarters -- one in Vienna where the basement of the Library was done over on W. P. A. funds for us, one in Herrin where the basement of the Elks' Club was given to us and where W. P. A. money was used for equipment and one in Jonesboro where the County Commissioners gave us the old jail house and the W. P. A. completely renovated it for us. (The Jonesboro clinic took the place of the old courthouse rooms which, you will remember, were handed over to us in 1934 full of coal, wood and spittoons.)

The most serious problem in running the Trachoma clinics has always been transportation. It was difficult to cover 3000 square miles and expect people to walk or hitch-hike distances that vary between 20 and 60 miles. Last year we went to the W. P. A. and asked them if they would write a project for 20 bus runs which would cover 93 towns in the southern part of the state. This they very generously did and the results were amazing! It was exactly as if the clinics had had a hypodermic injection of a powerful drug! Almost immediately the weekly attendance jumped from 500 to over 1,000 and we now have 2,500 active trachoma patients under treatment together with 680 suspects under observation.

One of our doctors once said that it probably wouldn't be medical treatment that licked trachoma in southern Illinois. It would be better roads and better transportation. Certainly just the act of making the trachoma treatment available in five different points of southern Illinois did not answer the question all by itself but the bus runs have made that blessed treatment possible for thousands of people down in the trachoma country who could not get there otherwise.

I went out on one of those bus runs from the Vienna clinic last summer on a day when the thermometer registered 113° in the shade. The driver of that bus was just as much interested in trachoma as I was and practically as well informed! With all the pride of a Houdini taking a rabbit out of a hat, he would say, "Now watch, Miss Hayden" and then he would blow on his horn three times. Out of the bushes on either side of the road would come the trachoma patients who had been waiting for him. The look of triumph on his face was something to see!

Early in August I happened to be in the Shawneetown clinic when the door opened and an old lady dressed in a wrapper and sunbonnet came in. I asked Miss Comstock how old she was and she said "Sixty-nine." She went on to tell me that the old lady rode a horse three miles to the bus run, tied the horse to a tree, got on the bus, and came twenty miles to the clinic for treatment three times a week; went back, collected her horse and rode home.

It is not so simple as it may sound to run five clinics (and by the way,

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The most serious problem in running the Tremonia clinics has always been transportation. It was difficult to cover 3000 square miles and expect people to walk or ride-bike distances that vary between 20 and 60 miles. Last year we went to the W. P. A. and asked them if they would write a project for 20 bus runs which would cover 23 towns in the southern part of the state. This they very cooperatively did and the results were amazing! It was exactly as if the clinics had had a hypodermic injection of a powerful drug! Almost immediately the weekly attendance jumped from 300 to over 1,000 and we now have 2,300 active Tremonia patients under treatment together with 680 suspects under observation.

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I went out on one of those bus runs from the Vienna clinic last August on a day when the thermometer registered 112° in the shade. The driver of that bus was just as much interested in Tremonia as I was and practically as well informed! With all the pride of a Mordkai taking a rabbit out of a hat, he would say, "Now watch, Miss Hayden" and then he would blow on his horn three times. Out of the bushes on either side of the road would come the Tremonia patients who had been waiting for him. The look of triumph on his face was worth-while!

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It is not as simple as it may sound to run five clinics (and by the way,

our fifth clinic was opened at Vienna in January) in cooperation with Federal and State money. The Illinois Society is still the cohesive force in the projects. All supervision is done by us, all reports are made by us, all expenditures on the state funds are OKed through our office, all projects on W. P. A. are written by us although the State Department of Welfare sponsored them -- The W. P. A. and the State Department of Welfare have done tremendous things this year for prevention of blindness and have been magnificent to work with.

There has been no political interference with a project which offered many possibilities for such interference but we have made it our business to interpret this work to the politicians and have tried to gain their understanding and support.

Last December, when it was necessary for us to change doctors in the trachoma clinic, everybody advised us, in view of the unsettled situation, to put off any change for fear of political interference. However, we thought it was advisable to make the change and so I went down to see Governor Horner in Springfield and told him how necessary it was to make medical appointments without regard to politics.

Governor Horner laughed and told me that I was talking to the wrong man; that I should go to the patronage man and tell him the story. Whenever I have heard the word "patronage", I have gotten a strong whiff of brimstone and I said, "Oh, Governor Horner, I can't talk to him, he's a politican!" Governor Horner said, "That's a fine thing to say to the Governor of your state"and told me to go over and see Mr. Walsh and to tell him I had been sent by him.

After waiting for two hours to see him, I found him to be one of the nicest, friendliest people I have ever talked to. He was not only interested in trachoma; he was interested in making available the best possible service to those people and, after asking me a good many questions, he sent me back to the Department of Welfare with instructions to put on the payroll whomever we chose.

The most valuable result of two and a half years of intensive work on Trachoma in southern Illinois has been the education of the public away from the fatalistic state of mind where they accepted it as a God sent scourge, to the state where they know that blindness from trachoma is stupid and unnecessary. An enormous amount of education has been accomplished.

Of course there are times when our educational material turns up in slightly distorted form.

When I was in the Marion clinic last winter a father brought in his little boy who had had a terrific case of trachoma and who, after a year and a half of treatment, was about to be discharged with a recommendation to return once a month for checking. The doctor said to the father, "Well, pop, I guess you are pretty pleased with the way Jackie's eyes have turned out, aren't you?" The father replied, "Yes, doc, but I'm worried about his astigmatism." All of us jumped because we didn't have any idea he knew what astigmatism was, and Dr. Lenzen said, "What do you mean -- astigmatism?" The father said, "Well, every morning when he wakes up his eyes are stuck together!"

When the bus projects were written, 24 field workers were also placed on

service by W. P. A. These field workers, trained by our nurses, hung around country stores and post offices, covered the country schools and churches seeking out cases of trachoma and hustling them into the clinics.

One day last March when I was in the Herrin clinic, Mr. Johnson, one of the field workers, came in with seven assorted sizes of trachoma straggling behind him, exactly like an old mother hen with her chickens, and said with the greatest pride, "Look what I brought you today."

Several times during the year we have had calls from farther north asking for diagnostic clinics. East St. Louis sent an S. O. S. in May saying they had 600 cases. However, when we took the trouble to send a nurse and a doctor down for a diagnostic clinic, they found 4 active cases. This proves that trachoma is pretty well confined, as we have always contended, to the lower 14 counties of Illinois.

Again in trachoma work we have an elegant example of the "long arm" of the Society.

In August we had a letter from Barnes Hospital in St. Louis saying that they had two children who came from Carroll County, Illinois, who were suffering from acute trachoma. They wanted to know if our clinics covered the territory as far north as Carroll County. We wrote back and told them this was about 100 miles north of the trachoma district but enclosed a list of the bus runs with the 93 towns covered, and asked if the children had any relatives in that district. Back came a letter saying they had a grandmother living in a town on one of the bus runs. The children were sent to their grandmother and have been regular attendants at the clinic ever since.

When all five clinics are in adequate permanent headquarters, when all the project is safely financed through one public agency, when all the staff are steady and trained and perfectly qualified, the Illinois Society for Prevention of Blindness will fold its hands and step out of the picture after having demonstrated thoroughly what can be done with trachoma in Illinois. We will feel sad on that day because we love our trachoma work.

Arousing public opinion to the possibility for prevention of blindness has always been one of the main duties of the Illinois Society and this year we have embarked on a slightly new tack, bearing down more heavily on the educational angle of our work and broadening the base of our information.

We have cooperated in educational projects with several agencies. In March we joined with the Y. W. C. A. of Chicago in a week's program on prevention of blindness at which 410 persons were present. If no more were accomplished by that week's work than the educational material that was put out on the difference between an oculist, an optician and an optometrist, the time would have been well spent.

In the spring we gave a week's course of lectures at the Chicago Normal School to some 150 teachers who were about to graduate and start work with school children this year. The results of that week were so stimulating that the Chicago educational authorities decided to put in a training course for teachers in the Normal School, which was done in September.

We decided that if our three nurses could do so much good with well-planned, well-directed, well-executed eye surveys in public schools, 60 times that much work could be done if we could train 60 Public Health nurses throughout Illinois to do the same thing.

And so, the first four days in September we held an Institute in Chicago for 64 Public Health nurses who were engaged primarily in work with school children. These nurses represented 37 communities. Only 45 of them were certificated because we did not certificate anyone who had not had a perfect attendance record but in those 4 days enough excitement was aroused about how a school nurse can conserve vision, to light a great many torches in the state of Illinois. We expect to repeat this course every year for a number of years.

Two weeks before the 4th of July the Illinois Society for Prevention of Blindness sponsored an educational campaign against eye accidents from fireworks. This campaign was conducted mainly through the newspapers which carried 995 inches of publicity about a sane Fourth. 14 papers contained editorials which were of an especially effective type. The Chicago American, at our request, carried two cartoons. One of them is at each place today.

A mass meeting was held to which were invited all the law enforcement agencies of Cook County, together with groups from the women's clubs, P. T. A., Legion and service clubs.

5 educational radio talks were delivered over main networks.

Carrying out our last year's program on a clipping service, we collected the following information:

2 children died in Cook County from fireworks accidents -- 1 from serious burns and the other from tetanus.

1 child was seriously burned but recovered.

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ANNUAL REPORT OF THE EXECUTIVE SECRETARY

ILLINOIS SOCIETY FOR PREVENTION OF BLINDNESS

November 23, 1936.

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In the lower right hand drawer of my desk at the Illinois Society, there is a folder marked "Annual Meeting," and into it, day by day throughout the year, are dropped scraps of information, reports, statistics and stories that reflect our work.

At the end of 365 busy, happy, exciting, frustrating or discouraging days, for any good organization experiences the whole gamut of them in a year, that folder looks like a last year's bird's nest.

On the 366th day it is my job to take that hopeless looking bunch of scraps and break it up and boil it down into something that will capture on paper, not just figures but our anxiety when we have raced in the teeth of a high March wind to an ophthalmia case 70 miles away, our exhaustion when we have treated 100 trachoma patients in a morning with the temperature at 104 -- our elation the day a sight-saving class is opened in a downstate community in early autumn.

This past year we gave direct service to 172 towns and cities in Illinois, on a budget of only $19,000.00 and with a staff of but 6 people, to cover the 56,000 square miles of this state.

This may sound like a miracle but it can be explained in several ways.

One explanation is a Board of Directors who are never too busy to direct and an Advisory Council who really advise.

Another explanation is a staff who are so devoted to their work that they do twice as much work as ordinary people and with no thought of thanks.

Another explanation is the Membership of the Illinois Society -- a strong, steadfast inner group of people set apart by qualities of imagination, love of humanity and responsiveness to a noble impulse.

Still another explanation may be found in the federal budget; in the state budget; in the county budgets and in the budgets of many cities who, because of our influence, have broadened the base for Prevention of Blindness in this state by including our work in their programs.

This last year we had 200 more members than we have ever had before, our total membership being 2020. 761 of these contributors were from downstate, thanks to the work of our new Advisory Council. When we think that up until 1933 all the financing for our Society was done in Chicago, it is heartening to note how the horizons for our support are widening.

The Ophthalmia picture, as part of our work, has changed greatly in the last three years. As recently as six short years ago the 7 beds in the Ophthalmia

ward of the Illinois Eye and Ear Infirmary were always full. Within the last two years that Department has been closed at the Infirmary because the demand for treatment of ophthalmia cases has dwindled so that it does not pay to keep it open. I know of no more thrilling sight than those seven empty beds.

But there is a new picture with the scene shifted to rural downstate. One windy night last March, when I was down in the trachoma field, I drove into Harrisburg at 6 o'clock and stopped in front of the post office. Before I could get out, one of the nurses from the Department of Health rushed up to the car and said she had had a long distance call from an ophthalmologist seventy miles away saying that a bad case of ophthalmia had been brought into his office that afternoon and that he wanted me to call him at once.

We went straight to a telephone booth. I got the doctor on the wire. He told me that the mother had brought the baby in from 15 miles out in the country, where it had been born two weeks before. When I asked him if he thought there was any chance of saving the sight he said that when he tried to evert the baby's lids, the eyes looked like cauliflowers. Even with such a discouraging outlook, we decided that we would take the long chance and bring the baby up to Chicago, since there were no local facilities for hourly treatment.

We called the Emergency Relief Commission and asked if they could get train transportation for the mother and baby that night to Chicago. We called the office of the Society who in turn called the Infirmary only to find that the Ophthalmia Department was closed. When the story was told to them, however, they said they would admit the baby and put a special doctor and nurse on the case.

We drove from Harrisburg to Springfield the next day to get the State Department of Health authorities busy on an investigation of the case. In less than twelve hours the mother and baby were in Chicago at the Infirmary and the baby was getting the best treatment available anywhere in this country.

The long arm of the Society saved <u>that</u> baby's eyes but another baby lost its eyes this last year -- which only demonstrates the fact that we can never rely solely on legislation. As Jane Addams once said, "Reforms to be effective must be rooted in and routed through the public consciousness" and so our program must be adjusted to a better and more effective educational level.

I suppose there are those who might say that one baby out of 113,000 is a terribly small percent in a state as big as Illinois but we feel we have a special dispensation to grieve just as much over one baby as over 10 or 100 because blindness from this cause is preventable and because blindness in a new-born baby robs it of even the memory of form or color and is a horror far worse than blindness in an adult. And so, even tho ophthalmia in Illinois has been reduced to a percent so small that it is hard to compute, as long as there are <u>any</u> casualties, we will feel it is our duty to include educational work on the subject, in our program.

It is a pleasure to report today that during this last year 7 new sight-saving classes were opened in the state of Illinois -- 4 in Chicago, 1 in Oak Park, 1 in Ottawa and 1 in Waukegan, bringing the total number of classes in Illinois up to 65. These classes were opened on money lobbied through the State Legislature by our Society. In all cases the children who were referred into the classes were

discovered either by our workers or by W. P. A. workers operating under our supervision.

The problem of opening a downstate class presents a peculiarly difficult situation because most of the downstate classes draw children from several localities and therefore from varying school set-ups. The Ottawa class necessitated a survey of ten different towns plus all the rural schools of eastern La Salle County. 4,193 children were examined, of which 39 were found to have extremely low vision before refraction. Of these 39 - 17 turned out to be real sight-saving cases after the oculists had seen them.

Then the school board in Ottawa had to be approached in regard to opening the class there as most of the children came from that city and it was a transportation center.

There was trouble about getting a teacher who would take the special training and we finally had to go outside of Ottawa to get such a teacher after being placed in the delicate position of turning down several local applicants who didn't have the proper personal qualifications for the job.

Every school board in the 5 towns from which the sight-saving children came had to be approached and persuaded to pay the exchange per capita.

By the time we got around to making the home calls, 4 of the sight-saving children had moved. These were finally located through the school nurses and doctors but it was weary, dreary uphill work.

Then the question of transportation had to be met because there were no bus lines or interurbans between Seneca, Marseilles, Streator and Ottawa. It was finally decided that the Sight-Saving teacher, who lived in Seneca, would transport the children from that town and Marseilles in her car and arrangements were made for another woman to drive the children from Streator each day in her automobile.

When the children were all set for the class, there was still the selection of a room, the installation of good artificial lighting and the buying of equipment but on September first, in spite of all the set-backs which such surveys offer, seven new classes were opened in the state of Illinois.

Last Fall the Board of Education of Chicago asked our Society if we would supervise a W. P. A. project for the examination of the eyes of school children. Although we had no money for additions to the staff for such a project and we knew it would involve a back-breaking amount of work, we decided it was a chance which could not be ignored and so we consented not only to supervise the project but to help in selecting the personnel.

The project was written for 100 teachers and nurses but apparently it was very difficult for the W. P. A. to find just what we were looking for. Of the first 100 people sent over, nearly 70 were sent back as not in any way qualified and even the ones we took were totally unprepared for this kind of work. We therefore decided that, instead of starting the applicants right out on examining the eyes of school children, we would have to give them a two weeks' course in the technique of taking the visual acuities and also a slight background

in anatomy, physiology and hygiene of the eye and diseases of the eye as they occur in school children, together with a bare outline on the technique of case work by several prominent social workers.

In an effort to stay the tide of people who go to clinics for correction and to turn a certain amount of them back to private physicians, we went to the Chicago Ophthalmological Society and asked if the doctors who were willing to take cases at their offices at two, three and five dollars would please register with us. 75 doctors made such registrations and lists of their names were put in the hands of the W. P. A. workers.

After nine months of work, the summer of which was devoted entirely to corrections, we are able to report today that 240 of the 327 elementary schools in Chicago have been finished. 127,500 visual acuity tests have been made and 22,240 children with defective vision have been discovered. Of this group - 11,000 were 2x cases and 3,652 were 3x cases, the latter group being the potential sight-saving cases for which our Society is always on the look-out.

Up to November first, 4,428 children in the groups showing serious visual defects had been refracted, which is the largest number of eye corrections Chicago has ever had within such a brief period.

2,816 more children are already on their way through clincis and doctors' offices although the final touch has not yet been given and therefore final reports on them are not yet in.

The true value of the project is shown by the fact that 134 sight-saving children were discovered which accounts for the 4 new Sight-Saving classes that have been opened this year in Chicago. Before the project is finished it will probably turn up enough more cases to fill at least 6 more Sight-Saving classes.

In many cases glasses were paid for by the Illinois Society for the Prevention of Blindness and arrangements were made for the parents to pay us back so much a week. The entirely free cases were taken care of by the Medical Division of the Illinois Emergency Relief Commission.

The results of this work cannot be measured simply by the number of Sight-Saving classes opened. Such activity in the field of conservation of vision is bound to net other results. Here is a story turned in by one of the workers who, a year ago, could not have told you what the expression "visual acuity" meant.

"While I was making a home call on South State Street, I ran into a little girl whose eye was in awful condition. I asked her where she lived and she said in the same building. I went up the back stairs and talked to her aunt. I found that Rosa went to the Sherwood School but had been absent with a bad cold and an infected eye on the day we did the survey there. I found that nothing had been done in the way of medical care for her eye. I saw from the surroundings that they were very poor and I asked the aunt if they were on relief. She told me that her husband was on W. P. A. getting $55 per month -- that there were 6 in the family -- that $55 had to cover rent, light, coal, food and clothing for all of them.

"I went down to the Illinois Society for Prevention of Blindness and

discussed the case with them and they advised me to take the child to the Eye and Ear Infirmary. That same day I took her there and the doctors said they would have to remove the bad eye at once in order to save the sight in the other one. I got permission for the operation and it was performed the next day and she is doing fine. The aunt asked me later about a glass eye for the little girl and I made arrangements to get this through the Illinois Society." And that, my friends, is just one story!

The big excitement in the Trachoma clinics this year has been the transferral from I.E.R.C. to the W.P.A. funds. This money has been a great stimulus to the whole Trachoma project -- it has made it possible in our third year to move into three permanent headquarters -- one in Vienna where the basement of the Library was done over on W. P. A. funds for us, one in Herrin where the basement of the Elks' Club was given to us and where W. P. A. money was used for equipment and one in Jonesboro where the County Commissioners gave us the old jail house and the W. P. A. completely renovated it for us. (The Jonesboro clinic took the place of the old courthouse rooms which, you will remember, were handed over to us in 1934 full of coal, wood and spittoons.)

The most serious problem in running the Trachoma clinics has always been transportation. It was difficult to cover 3000 square miles and expect people to walk or hitch-hike distances that vary between 20 and 60 miles. Last year we went to the W. P. A. and asked them if they would write a project for 20 bus runs which would cover 93 towns in the southern part of the state. This they very generously did and the results were amazing! It was exactly as if the clinics had had a hypodermic injection of a powerful drug! Almost immediately the weekly attendance jumped from 500 to over 1,000 and we now have 2,500 active trachoma patients under treatment together with 680 suspects under observation.

One of our doctors once said that it probably wouldn't be medical treatment that licked trachoma in southern Illinois. It would be better roads and better transportation. Certainly just the act of making the trachoma treatment available in five different points of southern Illinois did not answer the question all by itself but the bus runs have made that blessed treatment possible for thousands of people down in the trachoma country who could not get there otherwise.

I went out on one of those bus runs from the Vienna clinic last summer on a day when the thermometer registered 113° in the shade. The driver of that bus was just as much interested in trachoma as I was and practically as well informed! With all the pride of a Houdini taking a rabbit out of a hat, he would say, "Now watch, Miss Hayden" and then he would blow on his horn three times. Out of the bushes on either side of the road would come the trachoma patients who had been waiting for him. The look of triumph on his face was something to see!

Early in August I happened to be in the Shawneetown clinic when the door opened and an old lady dressed in a wrapper and sunbonnet came in. I asked Miss Comstock how old she was and she said "Sixty-nine." She went on to tell me that the old lady rode a horse three miles to the bus run, tied the horse to a tree, got on the bus, and came twenty miles to the clinic for treatment three times a week; went back, collected her horse and rode home.

It is not so simple as it may sound to run five clinics (and by the way,

our fifth clinic was opened at Vienna in January) in cooperation with Federal and State money. The Illinois Society is still the cohesive force in the projects. All supervision is done by us, all reports are made by us, all expenditures on the state funds are OKed through our office, all projects on W. P. A. are written by us although the State Department of Welfare sponsored them -- The W. P. A. and the State Department of Welfare have done tremendous things this year for prevention of blindness and have been magnificent to work with.

There has been no political interference with a project which offered many possibilities for such interference but we have made it our business to interpret this work to the politicians and have tried to gain their understanding and support.

Last December, when it was necessary for us to change doctors in the trachoma clinic, everybody advised us, in view of the unsettled situation, to put off any change for fear of political interference. However, we thought it was advisable to make the change and so I went down to see Governor Horner in Springfield and told him how necessary it was to make medical appointments without regard to politics.

Governor Horner laughed and told me that I was talking to the wrong man; that I should go to the patronage man and tell him the story. Whenever I have heard the word "patronage", I have gotten a strong whiff of brimstone and I said, "Oh, Governor Horner, I can't talk to him, he's a politican!" Governor Horner said, "That's a fine thing to say to the Governor of your state"and told me to go over and see Mr. Walsh and to tell him I had been sent by him.

After waiting for two hours to see him, I found him to be one of the nicest, friendliest people I have ever talked to. He was not only interested in trachoma; he was interested in making available the best possible service to those people and, after asking me a good many questions, he sent me back to the Department of Welfare with instructions to put on the payroll whomever we chose.

The most valuable result of two and a half years of intensive work on Trachoma in southern Illinois has been the education of the public away from the fatalistic state of mind where they accepted it as a God sent scourge, to the state where they know that blindness from trachoma is stupid and unnecessary. An enormous amount of education has been accomplished.

Of course there are times when our educational material turns up in slightly distorted form.

When I was in the Marion clinic last winter a father brought in his little boy who had had a terrific case of trachoma and who, after a year and a half of treatment, was about to be discharged with a recommendation to return once a month for checking. The doctor said to the father, "Well, pop, I guess you are pretty pleased with the way Jackie's eyes have turned out, aren't you?" The father replied, "Yes, doc, but I'm worried about his astigmatism." All of us jumped because we didn't have any idea he knew what astigmatism was, and Dr. Lenzen said, "What do you mean -- astigmatism?" The father said, "Well, every morning when he wakes up his eyes are stuck together!"

When the bus projects were written, 24 field workers were also placed on

service by W. P. A. These field workers, trained by our nurses, hung around country stores and post offices, covered the country schools and churches seeking out cases of trachoma and hustling them into the clinics.

One day last March when I was in the Herrin clinic, Mr. Johnson, one of the field workers, came in with seven assorted sizes of trachoma straggling behind him, exactly like an old mother hen with her chickens, and said with the greatest pride, "Look what I brought you today."

Several times during the year we have had calls from farther north asking for diagnostic clinics: East St. Louis sent an S. O. S. in May saying they had 600 cases. However, when we took the trouble to send a nurse and a doctor down for a diagnostic clinic, they found 4 active cases. This proves that trachoma is pretty well confined, as we have always contended, to the lower 14 counties of Illinois.

Again in trachoma work we have an elegant example of the "long arm" of the Society.

In August we had a letter from Barnes Hospital in St. Louis saying that they had two children who came from Carroll County, Illinois, who were suffering from acute trachoma. They wanted to know if our clinics covered the territory as far north as Carroll County. We wrote back and told them this was about 100 miles north of the trachoma district but enclosed a list of the bus runs with the 93 towns covered, and asked if the children had any relatives in that district. Back came a letter saying they had a grandmother living in a town on one of the bus runs. The children were sent to their grandmother and have been regular attendants at the clinic ever since.

When all five clinics are in adequate permanent headquarters, when all the project is safely financed through one public agency, when all the staff are steady and trained and perfectly qualified, the Illinois Society for Prevention of Blindness will fold its hands and step out of the picture after having demonstrated thoroughly what can be done with trachoma in Illinois. We will feel sad on that day because we love our trachoma work.

Arousing public opinion to the possibility for prevention of blindness has always been one of the main duties of the Illinois Society and this year we have embarked on a slightly new tack, bearing down more heavily on the educational angle of our work and broadening the base of our information.

We have cooperated in educational projects with several agencies. In March we joined with the Y. W. C. A. of Chicago in a week's program on prevention of blindness at which 410 persons were present. If no more were accomplished by that week's work than the educational material that was put out on the difference between an oculist, an optician and an optometrist, the time would have been well spent.

In the spring we gave a week's course of lectures at the Chicago Normal School to some 150 teachers who were about to graduate and start work with school children this year. The results of that week were so stimulating that the Chicago educational authorities decided to put in a training course for teachers in the Normal School, which was done in September.

We decided that if our three nurses could do so much good with well-planned, well-directed, well-executed eye surveys in public schools, 60 times that much work could be done if we could train 60 Public Health nurses throughout Illinois to do the same thing.

And so, the first four days in September we held an Institute in Chicago for 64 Public Health nurses who were engaged primarily in work with school children. These nurses represented 37 communities. Only 45 of them were certificated because we did not certificate anyone who had not had a perfect attendance record but in those 4 days enough excitement was aroused about how a school nurse can conserve vision, to light a great many torches in the state of Illinois. We expect to repeat this course every year for a number of years.

Two weeks before the 4th of July the Illinois Society for Prevention of Blindness sponsored an educational campaign against eye accidents from fireworks. This campaign was conducted mainly through the newspapers which carried 995 inches of publicity about a sane Fourth. 14 papers contained editorials which were of an especially effective type. The Chicago American, at our request, carried two cartoons. One of them is at each place today.

A mass meeting was held to which were invited all the law enforcement agencies of Cook County, together with groups from the women's clubs, P. T. A., Legion and service clubs.

5 educational radio talks were delivered over main networks.

Carrying out our last year's program on a clipping service, we collected the following information:

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One of the nicest things that has happened to us this year was an invitation from the Social Security Board for our organization to draft a model program on prevention of blindness for the various states in the Union. It is pleasant to think that our efforts and experience may be of help to other states who are trying, as we are, to reduce preventable blindness within their borders.

Education is slow and often discouraging but if we remember why we are doing it, it will never be dull.

Twelve years ago, when I first started in this work, I decided to educate myself by visiting various schools, workshops and associations in the east before I took up my duties in the west.

The first place I set foot into was a School for the Blind. The first group I saw was a primary class who were being taught Braille. The sight of all those little children laboriously tracing out the dots with their fingers and with their sightless eyes fixed on nothing, was overwhelming.

I stopped by the desk of a small colored boy and to keep my face, for I was on the point of tears, said, "Won't you read something to me?"

As his finger spelled out the words he read slowly, "There is a rose on the bush" and then he said with no change of expression, "But I never saw a rose - what does it look like?" That tranquil acceptance of a fact so cataclysmic as blindness made such an impression on me that I have never forgotten it.

When money is short and the program large -- when education seems slow and legislation is found to have loopholes, that little sightless face comes back to reproach any discouragement I may feel and makes me believe all over again that our work is the most satisfactory in the world and so today, all of us who are more interested in prevention than in cure may warm ourselves in the light which we are surely creating and which grows brighter with each year's work.

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